

In re application of: Song
Serial No.: 10/036,305 Group: Art Unit 2751
Filed: December 28, 2001 Examiner: Rude, Timothy L.
For: VERTICALLY ALIGNED MODE LIQUID CRYSTAL DISPLAY WITH
DIFFERENTIATED B CELL GAP

Mail Stop Non-Fee Amendment
Commissioner for Patents
PO Box 1450
Alexandria VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
☐ A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE		
TOTAL	11 *	MINUS 20**	= 0	X 9	\$ 0	X	18	\$.00		
INDEP.	3 *	MINUS 3***	= 0	X 43	\$ 0	X	86	\$.00		
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				X 145	\$	X	290	\$		
				TOTAL	ADDIT. FEE \$.00		OR TOTAL	\$.00		

* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

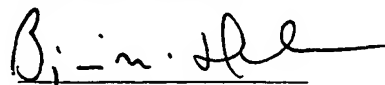
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge Deposit Account No. ____ in the amount of \$ ____ . Two (2) copies of this sheet are enclosed.
☒ Please charge fee of \$.00 for additional claims by Credit Card Payment Form PTO-2038 enclosed herewith
☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-0679. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-0679 therefor. **TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.**

F. CHAU & ASSOCIATES
1900 Hempstead Turnpike
Suite 501
East Meadow, NY 11554
Tel: (516) 357-0091
Fax: (516) 357-0092

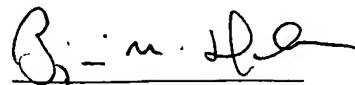
Respectfully submitted,


Benjamin M. Halpern
Reg. No. 46,494
Attorney for Applicant

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313 on January 7, 2004.

Dated: 1/7/04


Benjamin M. Halpern